

STOW RECREATION DEPARTMENT SUMMER 2002 PROGRAMS REGISTRATION

*Cancellation Policy: You must notify the Stow Recreation Department in writing one week prior to your scheduled session(s) or you will forfeit your payment.

NAME: _____ AGE: _____

GRADE ENTERING IN SEPTEMBER _____ MALE/FEMALE _____

PARENT/GUARDIAN NAME (S) _____

STREET ADDRESS: _____

CITY, STATE, ZIP _____

HOME PHONE _____ WORK PHONE _____

EMERGENCY PHONE _____ PAGER/CELL PHONE _____

ALLERGIES (PLEASE LIST): _____

MEDICATIONS (PLEASE LIST): _____

SPECIAL ACCOMMODATIONS (IF ANY): _____

DOCTOR TO CALL
IN CASE OF EMERGENCY: _____ PHONE # _____

PEOPLE AUTHORIZED TO PICKUP YOUR CHILD FROM SUMMER PROGRAM. INCLUDE YOURSELF IF APPLICABLE. NO ONE WILL BE ALLOWED TO PICKUP YOUR CHILD UNLESS HIS/HER NAME APPEARS ON THIS LIST. (This list can be updated at Town Hall as needed)

Check all that apply:

SUMMER PLAYGROUND PROGRAM

Session I: July 15-19 _____ Session II: July 22-26 _____
Session III: July 29-Aug. 2 _____ Session IV: Aug. 5-9 _____

BASKETBALL PROGRAM

Date: June 24-27 _____

FIELD HOCKEY PROGRAM

Session 1&2: June 17 (4-6pm) _____ or (6-8pm) _____
Session 3&4: June 25 (4-6pm) _____ or (6-8pm) _____

YOGA

Date: July 11 (7 wks) _____

SWIM LESSONS

Level entering: Pre. School _____ L1 _____ L2 _____ L3 _____
L4 _____ L5 _____ L6 _____ L7 _____ Advanced _____

SPECIAL EVENTS

Six Flags _____ Clambake _____ Camp-out _____

The Town of Stow does not provide insurance. Accordingly, parents are urged to ascertain that their own coverage's are sufficient to underwrite the cost of medical care for any injuries, which their child might sustain as a result of participation in our programs. As the parent of the above named child, I agree to indemnify the Town of Stow, it's employees and agents against any claims of bodily injury, death, or property damage which may arise in the course of the Rec. Department's performance of the recreational activities described herein not caused by the Town's negligence or that of its employees or agents. As parent or legal guardian of the above named child, I hereby give my consent for emergency medical care by a licensed Doctor of Medicine or Dentistry as may be warranted to preserve the well being of my child.

PARENT SIGNATURE: _____ DATE: _____ * Please fill out this form as well as any other related forms for any Stow Recreation Department sponsored program. Additional registration forms available at the Stow Recreation office.